

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
 - Primary Care**
 - IPA/MSO
 - Directs
- Specialists**
- Directs
- IPA
- Hospitals**
 - Ancillary**
 - CBAS
 - SNF/LTC
 - DME
 - Home Health
 - Other

Proposition 56 Directed Payments for Physician Services APL 23-019

This is an advisory notification to Molina Healthcare of California (MHC) network providers with guidance on directed payments, funded by the California Healthcare, Research, and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified physician services.

This notification is based on All-Plan Letter (APL) 23-019, which can be found in full on the Department of Health Care Services (DHCS) website at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-019.pdf>.

BACKGROUND

Under Proposition 56, a portion of the tobacco tax revenue is allocated to the California DHCS for use as the nonfederal share of health care expenditures in accordance with the annual state budget process. Proposition 56 appropriated funds to support physician services for Medi-Cal beneficiaries, which DHCS is completing in managed care in the form of a directed payment arrangement for specified services in accordance with DHCS' developed payment methodology.

What you need to know:

MHC will make uniform and fixed dollar add-on payments to eligible individual Providers rendering specified services with the dates of service specified in the table below. MHC will ensure these directed payments are received by the individual rendering Providers that are eligible Network Providers, as defined below. The directed payments will be in addition to whatever other payments eligible Network Providers would normally receive from MHC.

Eligible Network Providers are Network Providers that are the individual rendering Providers qualified to provide and bill for the Current Procedural Terminology (CPT) codes specified in the table below. Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and American Indian Health Service Programs (as defined in the MHC Contract), as well as Cost-Based Reimbursement Clinics, are not eligible Network Providers for the purposes of this APL.

A qualifying physician service is a specified service provided by an eligible Network Provider to a Member enrolled in MHC who is not dually eligible for Medi-Cal and Medicare Part B (regardless of enrollment in Medicare Part A or Part D). Reported qualifying physician services using the specified CPT codes must be appropriate for the services being provided. The uniform dollar add-on amounts of the directed payments vary by CPT code and apply to the specified dates of service.

CPT Code	Description	Uniform Dollar Add-On Amount	Dates of Service
90791	Psychiatric Diagnostic Eval	\$35.00	7/1/2017-Ongoing
90792	Psychiatric Diagnostic Eval with Medical Services	\$35.00	7/1/2017-Ongoing
90863	Pharmacologic Management	\$5.00	7/1/2017-12/31/2020
99201	Office/Outpatient Visit New	\$10.00	7/1/2017-6/30/2018
99201	Office/Outpatient Visit New	\$18.00	7/1/2018-12/31/2021
99202	Office/Outpatient Visit New	\$15.00	7/1/2017-6/30/2018
99202	Office/Outpatient Visit New	\$35.00	7/1/2018-Ongoing
99203	Office/Outpatient Visit New	\$25.00	7/1/2017-6/30/2018
99203	Office/Outpatient Visit New	\$43.00	7/1/2018-Ongoing
99204	Office/Outpatient Visit New	\$25.00	7/1/2017-6/30/2018
99204	Office/Outpatient Visit New	\$83.00	7/1/2018-Ongoing
99205	Office/Outpatient Visit New	\$50.00	7/1/2017-6/30/2018
99205	Office/Outpatient Visit New	\$107.00	7/1/2018-Ongoing
99211	Office/Outpatient Visit Est	\$10.00	7/1/2017-Ongoing
99212	Office/Outpatient Visit Est	\$15.00	7/1/2017-6/30/2018
99212	Office/Outpatient Visit Est	\$23.00	7/1/2018-Ongoing
99213	Office/Outpatient Visit Est	\$15.00	7/1/2017-6/30/2018
99213	Office/Outpatient Visit Est	\$44.00	7/1/2018-Ongoing
99214	Office/Outpatient Visit Est	\$25.00	7/1/2017-6/30/2018
99214	Office/Outpatient Visit Est	\$62.00	7/1/2018-Ongoing
99215	Office/Outpatient Visit Est	\$25.00	7/1/2017-6/30/2018
99215	Office/Outpatient Visit Est	\$76.00	7/1/2018-Ongoing

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Please include provider name, NPI, county, and fax number and you will be removed within 30 days.

99381	Initial Comprehensive Preventive Med E&M (<1 Year Old)	\$77.00	7/1/2018-Ongoing
99382	Initial Comprehensive Preventive Med E&M (1-4 Years Old)	\$80.00	7/1/2018-Ongoing
99383	Initial Comprehensive Preventive Med E&M (5-11 Years Old)	\$77.00	7/1/2018-Ongoing
99384	Initial Comprehensive Preventive Med E&M (12-17 Years Old)	\$83.00	7/1/2018-Ongoing
99385	Initial Comprehensive Preventive Med E&M (18-39 Years Old)	\$30.00	7/1/2018-Ongoing
99391	Periodic Comprehensive Preventive Med E&M (<1 Year Old)	\$75.00	7/1/2018-Ongoing
99392	Periodic Comprehensive Preventive Med E&M (1-4 Years Old)	\$79.00	7/1/2018-Ongoing
99393	Periodic Comprehensive Preventive Med E&M (5-11 Years Old)	\$72.00	7/1/2018-Ongoing
99394	Periodic Comprehensive Preventive Med E&M (12-17 Years Old)	\$72.00	7/1/2018-Ongoing
99395	Periodic Comprehensive Preventive Med E&M (18-39 Years Old)	\$27.00	7/1/2018-Ongoing

MHC will ensure the payments required by this APL follow the timely payment standards in the Contract for clean claims or accepted encounters that are received by MHC no later than one year after the date of service.

If the Network Provider does not adhere to these articulated policies and procedures, MHC is not required to make payments for claims or encounters submitted one year following the date of service. These timing requirements may be waived through an agreement in writing between MHC and the Network Provider.

MHC will not pay any amount for any services or items, other than Emergency Services, to a Provider who is suspended, excluded, or terminated from the Medi-Cal program. This prohibition must apply to non-emergency services furnished by a Provider at the medical direction or prescribed by a suspended, excluded, or terminated Provider when the Provider knew or had a reason to know of the suspension, exclusion, or termination, or by a suspended, excluded, or terminated Provider to whom DHCS has failed to suspend payment while pending an investigation of a credible allegation of fraud.

Subcontractors and Network Providers must comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters. DHCS may impose corrective action plans (CAP), as well as administrative and/or monetary sanctions for non-compliance.

For more information on directed payments for physician services, please refer to the Proposition 56 DHCS webpage at: <https://www.dhcs.ca.gov/Pages/DPP56-BP-Physicians.aspx>.

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster Teresa Suarez	909-577-4351 562-549-3782	Deletha.Foster@molinahealthcare.com Teresa.Suarez2@molinahealthcare.com
Los Angeles	Clemente Arias Christian Diaz Daniel Amirian	562-517-1014 562-549-3550 562-549-4809	Clemente.Arias@molinahealthcare.com Christian.Diaz@molinahealthcare.com Daniel.Amirian@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento	Johonna Eshalomi	562-549-3708	Johonna.Eshalomi@molinahealthcare.com Heather.West@molinahealthcare.com
San Bernardino	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com
San Diego / Imperial County	Briana Givens Salvador Perez	562-549-4403 562-549-3825	Briana.Givens@molinahealthcare.com Salvador.Perez@molinahealthcare.com

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